THE IMPACT OF TECHNOLOGY ON THE SENTENCING OF MENTALLY ILL OFFENDERS

Article

California Commission on
Peace Officer Standards and Training

by

Wade Engelson, Ed.D.
Deputy Chief of Police
Vacaville Police Department

Command College Class 30
Sacramento, California

June 2001

30-0596

This Command College project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future, creating it, constraining it, adapting to it. A futures study points the way.

The views and conclusions expressed in the Command College project are those of the author and are not necessarily those of the Commission on Peace Officer Standards and Training (POST).

Introduction

In the United States today, there are more than six million adults incarcerated, on parole, or on probation. The numbers are staggering with more than 1.2 million people in prison, four million people on probation or parole, and almost 10 million adults being booked into jail each year (Correctional Populations in the U.S., 1996; Chavez, 1999). These populations are continuing to grow at a rate of almost 4 percent per year as stiffer penalties and mandatory sentencing laws increase the numbers of adults in jail, prison, or under community control (Bonzcar & Glaze 1998). If present trends continue, 5 percent of all Americans will go to prison during their lifetime (Anderson, 1999).

As correctional populations have increased, so have the costs of housing and caring for these individuals. Not taking into account fixed costs such as medical expenses, the operational costs to house one prisoner in California are approximately $25,000 per year. The State of California spends close to $6 billion on its prisons and jails every year, which translates into more money being spent on corrections than on higher education (Little Hoover Commission Report, 1998).

Mentally Ill Offenders

A considerable percentage of the correctional population in the U.S. are those persons diagnosed as suffering from a mental illness. The U.S. Department of Justice acknowledged that at least 16 percent of all inmates in America's prisons and local jails are mentally ill (Ditton, 1999). The American Jails Association estimates that up to

700,000 seriously mentally ill persons are being booked into jail each year and Los Angeles County alone treats more than 3000 mentally ill people every day (Chavez, 1999).

Not only are mentally ill persons taking up space in correctional facilities, they also make up a sizeable percentage of the homeless population; are more likely to be unemployed; and have a high rate of recidivism. With 10 percent of all police calls and arrests involving persons afflicted with mental disorders, the likelihood of contact with law enforcement substantially increases. Incidents involving mentally ill persons often end with tragic consequences for everyone involved, contributing to community discord and undo scrutiny of the actions of law enforcement. Although a number of agencies have developed Crisis Intervention Teams to handle calls involving mentally ill persons, the burden is still on law enforcement. Consequently, the cycle of mere arrest and incarceration vividly portrays the need to develop effective strategies for handling mentally ill offenders.

Current Approaches

The impact of mentally ill offenders on communities has been overwhelming. Today, jails and prisons are the largest mental health care institutions in the country (DeWine, 1999). A large percentage of mentally ill inmates could have received treatment from a variety of public and private sources instead of being incarcerated. However, the de-institutionalization of mental illness and the lack of coordination

between service providers has only exacerbated the problem of incarceration. Agencies designed for law enforcement purposes are having to spend valuable resources providing mental health services to prisoners (Chavez, 1999).

Although new approaches such as early intervention, integrated treatment, cross-training of staff, and better funding are being used throughout the United States; perhaps the greatest potential benefit may come from greater use of technology-based resources in alternative sentencing programs designed for mentally ill offenders. The sheer numbers of mentally ill persons who are now incarcerated indicate potentially tremendous cost savings should effective alternative sentencing strategies be developed and implemented.

However, a primary concern with alternative sentencing programs for the mentally ill is that of recidivism. The Justice Department determined that more than 75 percent of mentally ill inmates are repeat offenders and are far more likely to commit violent offenses (Ditton, 1999). In California, more than 94 percent of mentally ill parolees are returned to prison within two years compared to 57 percent of the parolee population at large (DeWine, 1999). With these statistics in mind, any alternative sentencing strategy must maximize public safety by ensuring that offenders do not commit additional crimes once they are released into the community. Accordingly, future alternative programs will require collaborative efforts from service providers using

new technology as a key component in controlling mentally ill offenders and maintaining public safety.

The Future

The future offers extraordinary possibilities and potential breakthroughs in the treatment of the mentally ill. New technology and alternative programs will provide important tools in improving public safety, alleviating overcrowding in correctional facilities, reducing recidivism, and saving taxpayer dollars. New partnerships between law enforcement, corrections, the medical profession, social workers, the courts, and community service groups have the potential to eliminate gaps or duplication of services for the mentally ill. Accordingly, mentally ill offenders may be less likely to be incarcerated or their period of incarceration will be reduced. More important, mentally ill persons will receive important services and treatment for their illness.

The development of new medicines, the use of drug dispensers, and the wider application of electronic monitoring technology are but a few of the new technologies by which the treatment and monitoring components of programs could be used for mentally ill offenders sentenced to parole or probation conditions in the community. Although accompanied by a myriad of social, legal, and ethical issues; the application of technology-driven integrated services has the most promise as an alternative to incarcerating mentally ill persons in prisons and jails.

<u>Psychopharmacology</u>

In the near future, the genetic bases of human behavior will be understood and interventions for disease control and human enhancement will be commonplace. Researchers have determined that people are born with genetically-coded attributes that are at least as responsible as the overall environment for shaping one's personality, behaviors, and attitudes. Scientists have already identified the molecular sequences on human DNA that correlate with the traits of fretfulness, shyness, autism, impulsiveness, and aggression (Efran, Mitchell, Greene, & Gordon, 1999). A person's genes have also been found to play an important role in intelligence, basic personality traits, and many mental disorders, (Hales & Hales, 1995).

These findings indicate that as the human genetic code is mapped, significant changes will be made in behaviors using medication to deal with persons prone to aggression and violence. New psychiatric medications will be used to correct chemical imbalances in the brain, providing effective treatment against often crippling mental disorders (Hales & Hales, 1995). Advancements in psychopharmacology are leading to the development of custom-designed drugs and neurotransmitters that are safe and effective for human use on a long-term basis. With more than 35 million Americans currently suffering from a diagnosable mental disorder-more than the combined total of individuals with cancer, heart disease, and lung disorders - pharmacotherapy will be an

essential component of treatment and therapeutic strategies (Coates, 1994; Hales & Hales, 1995).

<div align="center">Implanted Drug Dispensers</div>

The treatment of mentally ill offenders often involves the use of medications to correct chemical imbalances in the brain to normal levels. Chemical imbalances in the brain alter one's feelings, thinking, and perception of reality which then contribute to the onset of mental illness. In order to maintain the correct chemical balances, psychiatric medications must be taken over a long period of time, often for a lifetime. However, the tendency is that as persons taking these medications begin to feel better, they frequently believe that they are cured and stop taking the prescribed medication. Failure to continue taking medication often leads to a recurrence of mental illness and the onset of dysfunctional behaviors (Hales & Hales, 1995).

A chronic problem facing service providers is the lack of assurances that mentally ill offenders on probation or parole are taking their prescribed medications as directed. The failures of the current process are quite evident with the high recidivism rate of mentally ill offenders. However, advances in medical technology offer the potential for authorities to ensure the proper administration of medication and the reduction of dysfunctional behaviors by mentally ill offenders. Recent breakthroughs in miniaturization and medical technology provide for a small pump to be placed inside a person's body to dispense medication in the treatment of diabetes and spinal injuries.

The implanted pumps are programmable and can administer medication on a continuous basis. The diabetes and intraspinal pumps reduce the risk of infection from external injections and provide continuous infusions without discomfort to the patient. The pumps allow for the effective delivery of pain medication to persons suffering from chronic back pain and provide essential medicine to persons suffering from diabetes (Insulin Infusion Pumps, 2000).

Implanted drug dispenser pumps offer tremendous possibilities in the treatment of the mentally ill. Currently, drug treatment often relies on voluntary compliance by the offender. The use of implanted drug dispensers provides a mechanism by which mentally ill offenders would be assured of not missing their regular dosages of treatment medications, thus reducing the potential for relapsing into the cycle of dysfunctional behaviors.

<div align="center">Electronic Monitoring</div>

In the future, any effective probation or parole system will include the electronic monitoring (EM) of offenders released into the community. Although electronic monitoring is now being used on a limited basis, advances in technology will make EM a widespread practical resource for community control in corrections. Since its inception in Florida in 1984, the use of remote electronic monitoring has increased significantly in American corrections. The current first generation of electronic monitoring is restricted to monitoring a single location to impose restrictions of house arrest and probation

supervision (Bogard, 1996). Future EM technologies will immediately contact the closest law enforcement officer should an offender violate his or her electronic parole or probation by remotely verifying an offender's specific geographical location at any time through the use of Global Positioning System satellites. Accordingly, extraordinary possibilities exist for monitoring mentally ill offenders on probation or parole with resulting improvements in public safety (Hines, 1998; Mainprize, 1996)

System Integration

The concept of system integration in which new arrangements between law enforcement and other service providers are put into place, provides the most promising technology-driven alternative structure to traditional services. The implementation of integrated services has the potential to increase public safety by offering more options for mentally ill offenders. In order for programs to be successful, traditional boundaries and organizational "turf wars' will need to be eliminated and replaced by a system of services that include law enforcement, corrections, mental health clinicians, the medical profession, and the judiciary.

Any significant change in organizational structure will require a changing of employee attitudes, the development of political support, comprehensive strategic planning, and effective transition management strategies. Accordingly, managers will be confronted with an abundance of organizational and environmental challenges. Traditional stakeholders will need to be convinced that integrated systems will maintain

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public safety and reduce recidivism. Advocacy groups for the mentally ill will need to be convinced that programs are safe, fair, and humane. This is no easy task. Proponents will have to apply every strategic competence, management approach, and "people skill" that they have in developing enough support for program development.

A vital component in system integration is the development of shared databases that provide information to involved agencies in the identification, diagnoses, and treatment of offenders. Shared client-tracking databases provide valuable information for service providers having contact with mentally ill persons and allow for the expedient identification of persons entering the criminal justice system. The system provides the means for offenders to move quickly into the system and prevents instances of a person being constantly re-diagnosed, thus delaying treatment (Conly, 1999; Chavez, 1999).

However, current restrictions on the sharing of information between agencies will have to be removed. This process will be an enormous hurdle for the public sector to overcome since most agencies are not structured to work in an integrated environment. As such, the success of integrated systems will be dependent on the ability of leaders to develop organizational structures that support collaborative efforts and the sharing of information.

Opposition to Change

Confidentiality and privacy concerns will be the primary issues that emerge if integrated systems are developed and databases used as a means to identify and divert mentally ill offenders to alternative programs. Legal challenges will surround such issues as: determining access to databases; how information is used; control of the databases; and how information affects society's perception of individuals listed in databases. As such, legislative efforts and court decisions will be paramount to resolving many of these issues, thus ultimately determining the development of integrated systems.

A secondary issue facing the development of alternative sentencing programs is opposition to the application of technology in a correctional setting. Challenges to program implementation will be made from a variety of interest groups, all with different goals and objectives. It will be critical for programs to have enough political support, legal backing, and continued funding to maximize the probability of success. More important, it will be absolutely essential for programs to demonstrate positive outcomes in reducing overcrowding, saving taxpayer monies, and improving public safety.

Conclusions

The arrival of the Information Age has brought tremendous demands on the public sector, particularly law enforcement agencies. Rapidly changing social conditions have created added pressure for improving the disjointed services that are currently

provided by various agencies. New technology provides the means by which agencies can join together and develop programs that actually work. Progressive leaders can use demands for service and new technologies to their advantage in overcoming obstacles to change. Although fraught with difficulties and subject to conflicting public expectations, the use of technology-driven integrated systems can remarkably improve services for mentally ill offenders in community or correctional settings.

The opportunities for improving services for the mentally ill are abundant and these opportunities beg for action. The continuation of business as usual will only exacerbate the current conditions of this chronic social problem. Reactive approaches will doom organizations to the role of "catch up" and contribute to eventual disillusionment and failure. The future will be determined by how organizations address issues that are now occurring and success will require bold and decisive action. Accordingly, service delivery that is well planned and properly implemented promises to improve the quality of life for mentally ill persons in communities throughout the United States.

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